



Fort Dodge IA Health Link Public Comment Meeting

Tuesday, August 23, 2016

Time: 3 p.m. – 5 p.m.

Fort Dodge Public Library

424 Central Ave.

Fort Dodge, IA

Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Debbie Johnson - present	Amerigroup Iowa, Inc. - present	Anthony Carroll - present
Matt Highland - present	AmeriHealth Caritas Iowa, Inc. - present	
Allie Timmerman - present	UnitedHealthcare Plan of the River Valley, Inc. - present	

Comments:

Billing and Claims

A provider stated that they had been contacted by the Managed Care Organizations (MCOs) when claims issues arose without the provider having to contact first and they were appreciative. A different provider and their colleague had reviewed a claim for accuracy prior to submitting to an MCO however, when submitted to the MCO the claim had been denied; this had happened on more than one occasion. Another provider stated that a number of services had also been declined due to there not being a Prior Authorization (PA) on file before rendering services however, per the PA listing provided by the MCO, a PA was not required for that service. Also, a request was made to delay implementation of the Electronic Visit Verification (EVV) systems as they were having billing issues with the MCO's and the hardware for EVV would increase costs associated with serving Medicaid recipients. In regards to Rural Health Clinic (RHC) claims, there had been incorrect or untimely payments made in various degrees and this was of concern due to a majority of the clinics in the area were RHCs.

Contracting and Contracted Rates

Rates had changed from those previously provided by Iowa Medicaid following implementation and this had caused greater time spent in communication between a provider's Accounts Receivable department and the MCOs. Different providers had also stated that they were being paid below their contracted rates with the MCOs and had to review prior claims individually to ensure they were paid accordingly.

Inconsistency in Information

A provider had called in multiple times to the same MCO and spoke with a different person each call and received a different answer depending upon whom he had been speaking to.

Services and Coverage

Mental Health patients had informed their provider that they were not able to receive the benefits they had prior to implementation. An issue raised by more than one provider had been that some of the providers' patients who were considered medically exempt and were now enrolled in MCOs were not receiving the same benefits as they had with Iowa Medicaid.

Questions:

1. Has optical coverage changed with the transition?
2. Does Medical Exemption change in the IA Health Link managed care program transition?
3. How were the member's MCO assignments determined and what benefits they would receive?
4. Why did the members' benefits change following implementation?
5. Can a provider be dually certified in different provider areas or are they only able to certified under one provider type?
6. If medical exemption status for a member has crossed over to an MCO, will the member be required to attest again?
7. Will there be a delay in Electronic Visit Verification?
8. Are the notes taken at the IA Health Link Public Comment Meetings taken back to Senate?
9. Has there been any progress on identifying performance indicators for the Integrated Health Homes (IHHs)?